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44182 7590 08/23/2006

PATTERSON & SHERIDAN, LLP
 APPLIED MATERIALS INC
 595 SHREWSBURY AVE
 SUITE 100
 SHREWSBURY, NJ 07702

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Sheri Griffin	(Depositor's name)
<i>Sheri Griffin</i>	(Signature)
10/4/2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/628,001	07/25/2003	Matthew F. Davis	AMAT/7938/ETCH/SILICON/JB	3943

TITLE OF INVENTION: METHOD FOR AUTOMATIC DETERMINATION OF SEMICONDUCTOR PLASMA CHAMBER MATCHING AND SOURCE OF FAULT BY COMPREHENSIVE PLASMA MONITORING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/24/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEVENSON, ANDRE C	2812	438-009000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Patterson & Sheridan, LLP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Applied Materials, Inc.,

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1074 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Robert W. Mulcahy

Date 09/28/06

Registration No. 25,436

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10/05/2006 SSANDAR1 00000007 501074 10628001

PTOI-85 (Rev. 07/06) Approved for use through 04/30/2007.

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01 FC:1501	1400.00 DA
02 FC:1504	300.00 DA
03 FC:8001	6.00 DA